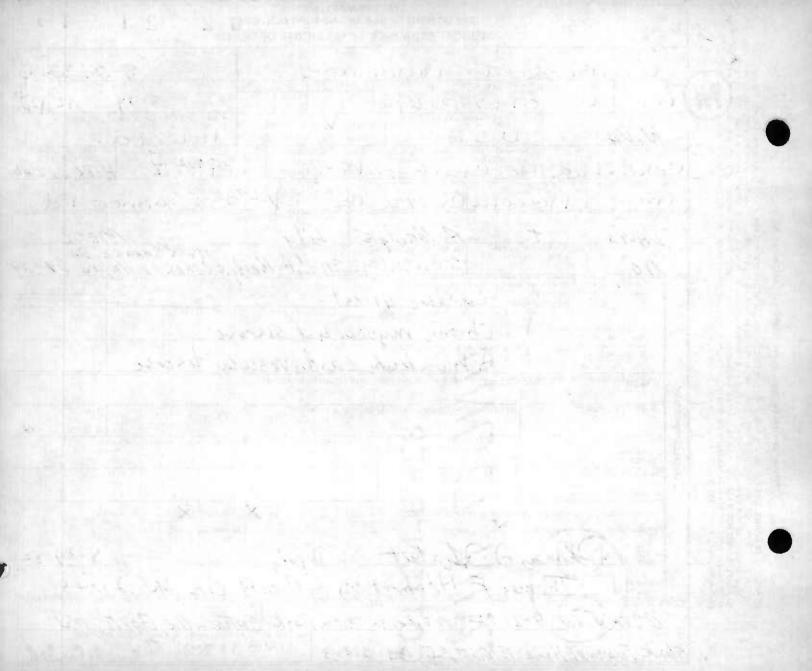
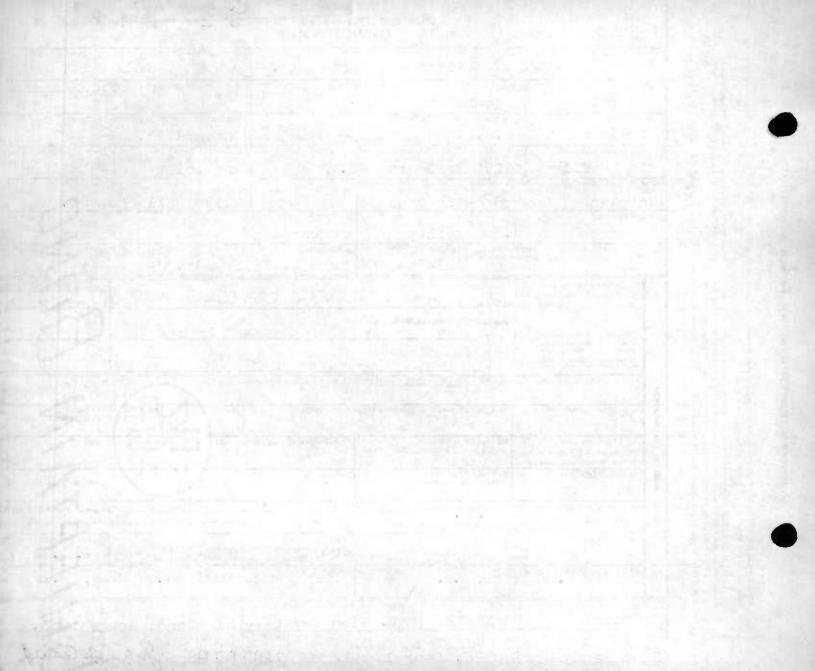
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	REGISTRAR		REG. NO.
		Zu. DAIL	KNOWN MONTH DAY YEAR 26. HOUR
1000	1 3 16	d T. Auldridge DEATH	MATED 0 8-0919 82 12 0M
SEX		S. DATE OF BIRTH 6. AGE I'M YEARS IF UNDER 1) YR. IF UNDER 24 HRS. 2c. DAT	E MONTH DAY YEAR 24. HOUR
5	nw		
		7b. CITIZEN OF WHAT COUNTRY?	MORE CITY OR COUNTY OF DEATH
- 10	N.Va	WIDOWED DIVORCED D	propert.
18. CI	TY OR TOWN OF DEATH		JPATION (TYPE OF WORK 126. KIND OF BUSINESS
C	olumbia		OR INDUSTRY HOPKING LOB.
USUA	L RESIDENCE (IF IN NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDE ICE BEFORE ADMISSION)	HUTAIAS
1	ND. Ho		
14. FA	THER'S NAME	15. MOTHER'S MAIDEN NAME	MIDDLE LAST
	Davis	T. Av Bridge Lille	MEEL
6a. V	AS DECEASED EVER IN U.S. ARA	MED FORCES? 166, SOCIAL SECURITY NO. 17. INFORMATION	1288 ONNER RO.
111	NO OKONKNOWN) TIF YES, GIVE V	579184030 Eliz Aularida E	1288 SANNER Rd. Maksville md. 20029
	18. CAUSE OF DEATH (Enter onl		APPROXIMATE INTERVAL
	PART I DEATH WAS CAUSED	184: Candina Correct	BETWEEN ONSET AND DEATH
	4292 MMEDIAI	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if any, which	Chrome meneral deserve	
	gave rise to immediate cause (a) stating the under-		4
	lying cause last.	Actoricles to card mach	destar
	PART 2 DTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	VIUK
N		The second of th	
TIC	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
FIC			
ERTI	21g. EXTERNAL CAUSE WAS	216. TIME OF INJURY 211, HOW INJURY OCCURRED JENTER NATURE OF	YES NOTE NOTE IN 18 PART 1 OF PART 21
	UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	TOTAL
)C			
ME		STREET FACTORY FARM FIC) STREET CITY OR T	OWN COUNTY STATE
	AT WORK AT WORK		
	22a. I certify that I took charge	e of the remoins described obove, held an Autopsy 🔲, Inspection 💢 Inquir	ond in my apinian
	death resulted fram: Natura	ol causes Accident , Suicide , Homicide , Undetermined r	nonner ,
		TITLE (SPECIFY)	
	SIGNATURE TAM	as a chart M.D. Very MEDICAL EXA	MINER SIGNED 8-19-82
			1 1 1 2
-00	(TYPE OR PRINT)	omes 1. Itempent Magoressellicott Ci	4 Md , 21043
23a. 81	JRIAL, CREMATION, REMOVAL 2	36. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	COUNTY STATE
15	PECIFY PLON 23	3-30-82 236, NAME OF CEMETERY OR CREMATORY 23d. LOCATION PARK COTOMS	elle Bolto, mas.
15		8-30-82 NESTVIEW MAM. PANK COTONS	AR 135 MEGALITAR'S SIGNATURE
	1 DE 81 170 180 CT 180	USUAL RESIDENCE (IF IN NURSING HOME O 130. STATE 14. FATHER'S NAME 18. CAUSE OF DEATH (Enter onl 18. CAUSE OF DEATH (Enter onl 18. CAUSE OF DEATH (Enter onl 19. DATE OF OPERATION 19. DATE OF OPERATION 19. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that I took charg death resulted fram: Natur ACTUAL	STATE REGISTER



STATE OF MARYLAND



wrong 4 copies	1 i	tem 13a-d #G573	11/9/82			E OF MARYLAND			- 201	3000
1	1	FOR - STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGII ICATE OF DEATH	ENE 8 2	2	1 3	5
. 04		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY		b. HOUR
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F(MI)	F	EMALE	4 RACE	CK	S. DATE C		74	YRS.		HOURS MIN
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	10 C	NORTH CAROLINA				OR OTHER INSTITUTION	HOWARD 120 USUAL OCCUPAT 1 TYPE OF WORK FOR MOST O	ON	12b. KIND OF E	SUSINESS C
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ORE, or		WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV		166 SOCIAL SECUR		17 INFORMANT	ADDRI			
A STATE	-	NO 18 CAUSE OF DEATH (Enter on				SARAH L. EVANS	3156 APPL	E RD., N		TE INTERVAL SET AND DEATH
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W PRESTON 51 of the death cert of the untending is retitione caches oversition, or the other traumatic e	13	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, O	r as a consequer	VCE OF					
DS, 201 supred the pleon to burnel, or or	NOI	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART 110	
VITAL RECORDS No. The fow requirements have been significant parent. Then they given proor to be a shown only injury.	CERTIFICATIO	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, V IN CERTIFYIN	VERE FINDING	S USED F DEATH?
KTAN T SCIAN T 9 physics welf-consistents out of thoms ment of thysics	1.77	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	OF INJURY M. MONTH DA'	Y YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
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MA ATT		abave, (l) (we) (did) (did not	vero the body	after death		DEGREE	com occurred on the di	ate and hour a	22c. DATE SIC	
Print O		18m	100	U			MEDICAL STA	FF IAN	8-6	-82
O HOSPIT Planned by No FuneR No FuneR No FuneR No FuneR		228 PHYSICIAN'S NAME (TYPE O	BOL	Line		225 G & 30	2 Sr. T	BALT.	ws	
21 251 2 7		BURIAL, CREMATION, REMOVAL	23b. DATE	130 F	_	EMETERY OR CREMATORY	236 LOCATION	444	ОПИТУ	POLITA
DHMH - 16 50M 1/B1	24.5	BURIAL UNERAL DIRECTOR	8-10	O/ ADJECTS	1.1	INCOLN 250. BATE	REC'D BY RECYBERAR	STREGISTRA	R 950 Carbo	wift.
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h	1	1	STATE OF MARYLAND	
X	Ex.	11.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2	350
-		1,.	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	0 4 65
1.		1 DE	REO. NO.	DAY YEAR 76 HOUR
			(PE OR PRINT) OF ESTI-	
	IS NECESSART, PLEASE HE FUNERAL DIRECTOR E 5 FOR YOUR FILES ED, WITHIN 372 HOORS I W/PRESTON STREET,		Mildred Germede BOMROLEY DEATH MATED \$8-	5 1982 M
	A SHE SHE	3. SE	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH	DAY YEAR 24 HOUR
	SIL	12		12 700
	80000	L	Male Negto 3-11-2/6/ YRS. DEAD 8-6	198 - AM
	SS SS HE FEET	70 B	SIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY 1. MARRIED 9. BALTIMORE CITY OR COUNTRY 1. MARRIED 1. MARRIE	Y OF DEATH
- 5	SHOPE STOP	11/		mux.
	ZE v ON	1D C		MD.
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	S, AND 3 TO S, AND 3 TO SHOULD BE IL RECORDS,	USU.	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	5 -11-11-6 /(1-3(1)/5)
6	AND 3 T	13a. S	STATE 136. COUNTY 136. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	0 122
10010	A A B CANO		MARYLAND HOWAR SIMPSONWILLS YES NO BY 793/KT. 32 F.O.	box 152
,	TNA	14. F	ATHER'S NAME 15. MOTHER'S MAIDEN NAME	
2	ORW PM	1	FIRST MIDDLE LAST D FIRST MIDDLE	AST
u.	PAGE ORM NOAN	17	trank Dorsey Chara 9	100m25
Ç	FORM ON ON ON	16a \	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 130% (15. INFORMANT)	132 21150
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FALTIMORE	URS AFTER B. GIVE PA WITH FOI PAGES I			THE DSCHE THEIR
- 5	18. V		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
0	N 24 HO V ITEM 1 ALONG T PERMIT YGIENE,		1 - MAREDIATE CAUSE (a) ANTENDA SCHOOL CANAL VERY CHARGE	THE RESERVE OF THE PARTY OF THE
200	GE ALC S		DUE TO, OR AS A CONSEQUENCE OF	
	D WITHIN ENCIL IN AMINER A TRANSIT ENTAL HY REMOVAL		Canditians, if any, which	
0	SAPA S		gave rise to immediate (b)	
3	ED WI CAMIN CLTRA AENTA		cause (a) stating the <u>under</u> . DUE TO, OR AS A CONSEQUENCE OF	
5	UTED WITH IN PENCIL I EXAMINER RIAL-TRANS OR REMOV		lying cause last.	
	0 3 - 7		(c)	
DIVISION OF VITAL PECOPOS	EXE NG" NG" A BL	-	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
5	AS A ALTH A ALTH A	CERTIFICATION	Clubeks mellitys	
E F	PEN A	1 7	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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5	WORD WORD AF CH ONT OF	1 2		YES NO
L. C	AEN BUR	U	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PAR	IT 2)
2	THE TON THE	1	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M.	
	PA PA	MEDICAL	71d INITIAL OCCURRED 71e PLACE OF INITIAL TATHOME 71f LOCATION	
2	PR PR PR PR	3	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COL	JNTY STATE
-	HIS WRI AGE AGE 2011	-	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COL	
	ER: THIS CERTIFICATE SHC 'ATE, WRITING THE WORD FORWARDED TO THE CH DB: PAGE 3 SHOULD BE U HE STATE DEPARMENT OF D. 21201 PRIOR TO BURM.			
	DE SP		22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection Inquiry , and in my op	inian
	MINE FICA BE FC CTOR H THE		death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner ,	
	ERT PIE	1	TITLE (SPECIFY),	
	3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		ACTUAL DATE	8-1-87
2.5	CAL EXA THE CER SHOULD RRAL DIR. (RATH, WITH	1	SIGNATURE MEDICAL EXAMINER SIGNE	0
	ON O		EXAMINER'S NAME / P 1/2	
	MS WE E	-	(TYPE OF PRINT) / homes I - Herbert MI) ADDRESS WICOTT CIM MU	
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FO TO FUNERAL DIRECTOR: BATTEN DEATH, WITH THE BATTENORE, MARYLAND,	23a F	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	
		- (CITY OR TOWN	STATE
	BP		BURIAL 8-9-82 CRESTLAWN MEMORIOLGANIWEST PRIEMDSING TOWN	RD MARYLAND
	DHMH - 17	24. F	FUNERAL DIRECTOR NAME ADDRESS 250. DATE R5C'19. PY REGISTRAL 254 REGISTRAL	Charling
	(VR A15 ME (5))	1	de suite l'acceptant de la constant	
	15M 7/77		TAIGHT FUNERAL HOME SYNESVILLE, MD.	

Milered general Bothen Exila State of the state the extent sends with there Digital matter The February Mile City & Bright

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

ADDRESS 6500 York Rd. Mitchell-Wiedefeld Home. Inc. Balto., Md. 21212

STATE OF MARYLAND

Arlington Co.

COUNTY

COUNTY

22c. DATE SIGNED

2h HOUR

HOURS.

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

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OICO AM

IF UNDER 24 HRS

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IF UNDER I YEAR

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DAYS

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injury, or other troumotic event, the

MPORTANT: If Item 21 is morked or Item 18 shows ony

24. FUNERAL DIRECTOR

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTI	FICALE OF	DEATH	REG. N	10			
1. DECEASED NAME	FIRST		MIDDLE	A 5 7 7 7	LAST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOUR
(TYPE OR PRINT)	ROBER'	r	T.	BURN	нам			08	01	82	9:20A.M
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10 CITY OR TOWN OF		11. NAME OF	OSPITAL, NURSIN	IG HOME			120 USUAL OCCUPAT	ION			MD. OF BUSINESS OR
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MARYLAND		WARD	13c. CITY OR TOW ELKRID		YES T	NO 🔀	13e. STREET ADDRESS 5828 MAIN	STRI	EET.	212	27
14 FATHER'S NAME						'S MAIDEN NA	ME		,		
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160. WAS DECEASED EV	ER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORM		ADDR	ESS E	LKRT	DGE .	
(YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	220-20-3	1910	EMILY	T. DAN	IELS 5854				
18 CAUSE OF DE	ATH (Enter or	nly one couse per	line for (a), (b), and				303				IMATÉ INTERVAL ONSET AND DEATH
PART I. DEATH	WAS CAUSE	D BY:	RESDIRAT		FAILUI	, ,				BEIWEEN	ONSET AND DEATH
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OF THE OF OPE			TION FOR WHICH	OPERATIO		ORMED	20g AUTOPSY?	20h JE Y	ES. WEI	RE EINDIN	NGS USED
F								IN CERT	TIFYING	CAUSES	OF DEATH?
210. ACCIDENT WAS	UNDERLYING [21b. TIME O	F INJURY		121c HOW II	VIURY OCCURR	YES NO	1	YES	DR 0 4 D 7 3 1	NO [
		1111		Y YEAR			TENTER INTERIORE OF INSID	KT DA GEM TO	3 PARTIC	7R F FR (2)	
OR CONTRIBUTING E		21e. PLACE (19	21f LOCATI	ON					
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sow the dece	eased alive on		10	7			deoth occurred on the d	ato and b	19	-	that (i) (we) lost
obove, (I) (we 22b. SIGN ATURE	e) (did) (did no	f) yew the body	ofter dooth.		DEGREE	, (our, opinion c	scom occorred on the di	one one no	-		
- Wes	al;	0)			ATTENDING	MEDICAL STA	FF	2	22c. DATE	SIGNED
224. PHYSICIANS	NAME	_		350	22e ADDRE	PHYSICIAN P	DIRECTOR PHYSIC	IAN [8/2	182
\		/								,	
		TRAN, M.				LEEDS					
230. BURIAL, CREMATIO (SPECIFY)	N, REMOVAL	73h DATE	1966		EMETERY OR		23d. LOCATION		CON	NTY	SIMIL
CREMATION		08-04-	82		ON PAR		BALT IMORE				RYLAND
24. FUNERAL DIRECTOR			ADDRESS	2	21229	250. DATE	REC'D. BY REGISTRAR	25b. 40 815	STRARS	SIGNAT	77

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

REGISTRAR

- STATE

(VRA 15, 4)

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6.	(TY	CEASED NAME PE OR PRINT)	Maur		MIDDLE		Downs.		KNOWN X MC	8 1119 82	HOUR
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× Eging €		Waterlo	00 /	Holiday		. Rt.	HER INSTITUTION	Unemp	PRKING LIFE) OYed	ORK 12b. KIND OF BUSINES OR INDUSTRY	35
S ASECTO	130 9	arylan	13h COUN		13c CITY OR TOWN Rockvi	1 -	13d. INSIDE CITY LIMITS?	5927 I	emay Ro	ad	
RE, MD.	/	ATHER'S NAME FIRST		Robert	Downs		15. MOTHER'S MAIL FIRST Clara	DEN NAME	MIDDLE	Gordy	
ALTIMO AFTER D SIVE PAGES 1, VISION O		WAS DECEASED (ES, NO, OR UNKNO NO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES]	216-58-		Sherry D	Downs,	5927 I Rockvi	emay Road 111e, MD 20	85
PRESTON ST., BALTIMORE, MD. THIN 24 HOURS AFTER DEATH. IF CIL IN ITEM 18. GIVE PAGES 1, 2, WER ALONG WITH FORM PM 3, ANSIT FERMIT. PAGES 1 AND 2 SI AL HYGIENE, DIVISION OPWITAL REMOVAL.		18 CAUSE O PART I DE	ATH WAS CAUSE	TE CAUSE (o)	Seizure d		er			APPROXIMATE INTER BETWEEN ONSET AND D	VAL
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SHOULD DRD "PE CHIEF A E USED LURIAL, URIAL,	TIFICAT	19a. DATE OF			TION FOR WHICH OP	ERATION V	WAS PERFORMED?			20 AUTOPSY? YES XX NO	, 🗆
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TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST		22a. I certif deoth results ACTUAL SIGNATURE		ge of the remoins des	Accident , held or	Auto Suicide	Homicide TITLE (SPECIFY)	Undetermined in	nanner .	ATE 8/12/82	
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equires that the death certifical signed by the attending phy Then please remove carbanabata burid, cremation, ar remove injury, or other traumatic event	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECTION OF TO, OR AS A CO		NAL DISEASE OR CONE	BETWEEN ONSET AND DEATH DITION GIVEN IN PART Tra
on. has been to prior to permit. I permit. I ene prior aws any in	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\sqrt{NO} \)
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SPITAL OR ATTENDING I by the hospital or att. VERAL DIRECTOR, After be detached for use as th State Dept. of Health or ANT: If them 21 is market	V	saw the deceased alive an abave, (I) (we) (did) (did not 27b. SIGNATURE	oital) attended the desensed from	5- 1974	medical STAF	
Pb TO HOS	23a I	BARBU SURIAL, CREMATION, REMOVAL	23b. DATE 23 Aug 10, 1982	NAME OF CEMETERY OR CREMATORY Sunny Ridge	23d LOCATION CITY CRIST:	leld Maryland STATE
DHMH - 16 50M 1/81 (VRA 15, 4)		UNERAL DIRECTOR TY MH Witzke 41	12ColumbiaRa El	licottCity 250 DATE	REC'D, BY REGISTRANIA	REGISTRARY SIGNALIBELY

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AND A	Mai Mai	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COL	YTAL	GIVE RESIDENCE BEFORE 13c CITY OR TOW Columbia		136 INSIDE CITY LIMITS?	13e. STREET ADDRESS 9623 Basket	t Ring	Road		1
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e execut n and co Poges 1	(VAS DECEASED EVER IN U.S. A res. NO OR UNKNOWN) IF YES. G	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT Edith Einhor	ADDRE				- 5
of W. PRESTON ST., that the death certific d by the attending ph lesse remove carbon p tool, cremation, or remo or other traumatic ever		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, C	CARIA DR AS A CONSEQUE CARDIA DR AS A CONSEQUE	NCE OF		050E10315			25	
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TO HOSPITAL OR ATTENDIN retorned by the hospital or TO FUNERAL DIRECTOR: Af should be detoched for use of with the State Dept. of Healt MPORTANT: If Item 21 is mo		220.1 certify that (I) this hospital account of the country of the	view the body	187 10		d that (my) (our) opinion DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAF	F IAN 🗍	The DATE	30/	82
P O P O P		Dr. Melvi	n Kordo	on		2000 Centu			ia, M - 254		Land

24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS

1170 Rockville Pike; Rockville, Maryland

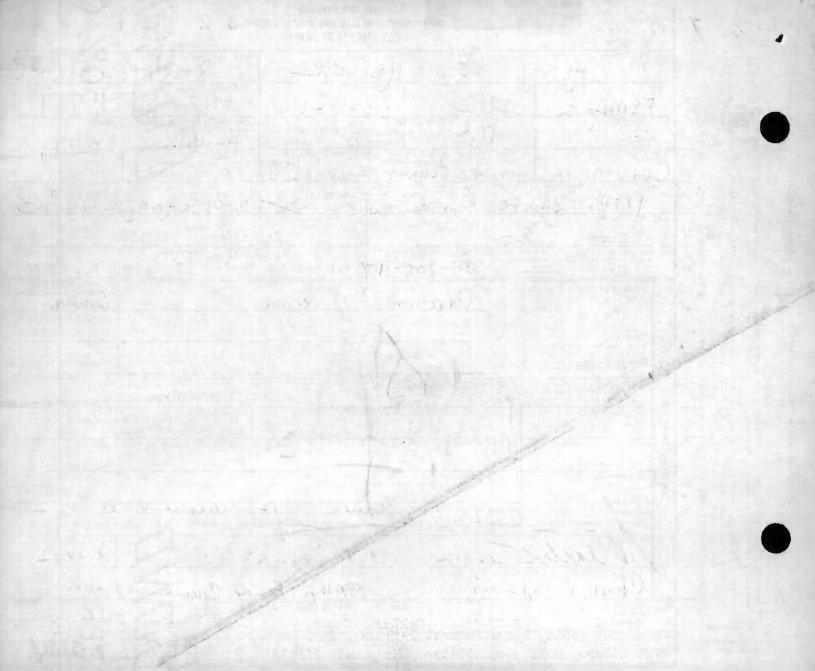
259. DATE REC'D. BY REGISTRAR TO REGISTRAR'S SIGNATURE SEP 3 1982 Lung Come

DHMH - 16 50M 1/81 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) 3. SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Indiana WIDOWED DIVORCED OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY School Teacher USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMINSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST Catherine Stauble Roeger Henry 16g WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT Mr. Harold Heeresp 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 3711 Collier Road Randallstown, MD. No 18 CAUSE OF DEATH (Enter only one couse per liperfor (a), (b), and ic PART I. DEATH WAS CAUSED BY MUNIM S nonth IMMEDIATE CAUSE IO DIVISION OF VITAL RECORDS, 201 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 200 AUTOPSY? 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21f LOCATION 5 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] STATE NOT WHILE WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the degeased alive on, 1982 __, and that in (my) (<u>our) opinion</u> death occurred on the date and hour and from the couses stated above (I) (Aer (did) (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF mi should be det with the State IMPORTANT: DIRECTOR PHYSICIAN PHYSICIAN 22e. ADDRESS 22d_PHYSICIAN'S NAME (TYPE OR PRINT) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE North Manchester WabashIndiana Oaklawn Cemetery Burial 8-30-82 14 FUNERAL DIRECTOR LOTTING BYETS FUNERAL DIRECTORS. Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VR A 15 (4)) 8728 Liberty Road Randallstown, Maryland 21133 AUG 26

STATE OF MARYLAND

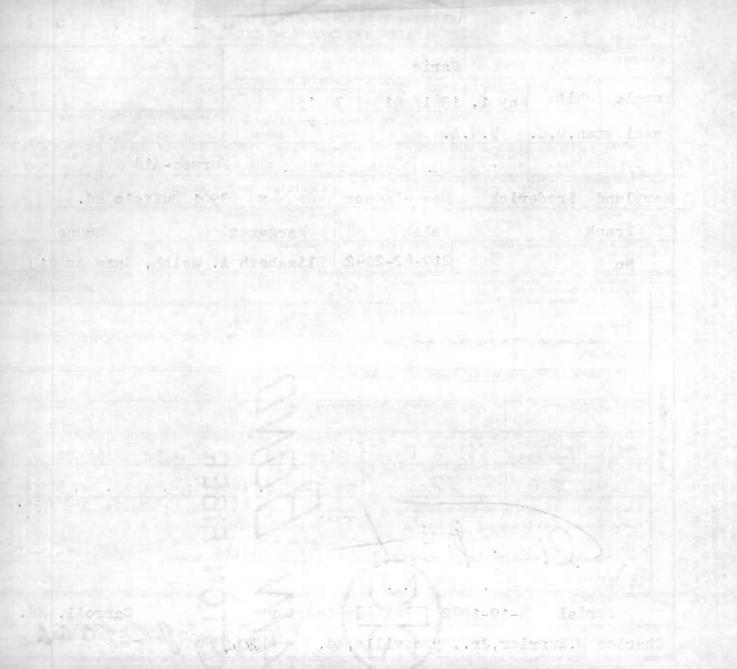


(VRA 15, 4)

STATE OF MARYLAND

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		CEASED NAME E OR PRINT)	PIRST	,			LAST	OF	KNOWN X		DAY YEAR	26 HOUR
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N. PU			N N	AONTH DAY	YEAR LA	SE (IN YEARS IF UN ST BIRTHDAY) MONTH	DER 1 YR. IF UNDER	24 HRS. 2c. DAT MIN PRONOU DEA	NCED		16 ₁₉ 82	6:15 a. M
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21201 - ANY DELAY IS NECESSARY PLEASE AND 3 TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES. WOULD BE FILED, WITHIN 72 HOURS RECORDS, 201 W. PRESTON STREET.	N	erritts v	/ille	display to such saddle nryton	Rd. 1/2	miles N	of Rt. 99	12a. USUAL OCCI FOR MOST OF WO Nurse	PATION (TYPE OF STATE	DF WORK 12h	OR INDUSTR	
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MD.	14. F/	THER'S NAME	W	IDDLE	LAST		15. MOTHER'S MAIDE	NNAME	MIDDLE		LAST	
ORE, M DEATH GES 1, SM PM 1 AND OF VILL		Frank			Welsh		Margar	ret		Bé	yne	
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TE STA		22a. I certify the	at I taak charge at	the remains desc	ribed abave, he	eld on Autoos	y X, Inspection	, Inquiry	VI	Te, H	loward (CO.,
AND TOTAL		death resulted fro			Accident XX	Sy cide	Hamicide .	Undetermined m		, 0,	loli	d. '
PANEL MANEL			()1	X	1 4	1	TITLE (SPECIFY)					
3 H S H H H		SIGNATURE	Lur	rack	1 Mary	M	Deputy Ch	TI AFDICAL EXA	MINER	DATE SIGNED	8-16	-82
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PACE 4 SHOUTD BE FORM. A FIER DEATH WITH THE ST BANTIMORE, MARTHAND, 2	1	EXAMINER'S NAM (TYPE OR PRINT)	1 noma	s D. Sm			TO THE OUT	Penn St	reet			
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DHMH - 17 (VR A15 ME (5))		harles V		er, Jr.	Sykes	ville,M	d. PAU	6C'D. BY REGISTR 3 1 9 1982	AR US REGIS	RAR SIO	ALURE	
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2		Mary	land		USA		WIDOW		DIVORCE				County			MD
1	B, Cil	1		11. NAME OF HO	ACILITY, GIVE ST		, OR OTHE	R INSTITUTIO	ON	FOR MC	OST OF WO	RKING LIFE)	(TYPE OF WO	RK 12b K	KIND OF BU OR INDUST	Tf.
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_	4. FA	THER'S NAME						15. MOTHER								
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51	60. W	AS DECEASED	EVER IN U.S. ARA	MED FORCES?		CIAL SECURITY		17. INFORMA				ADDR	10		N.H	. Ave
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1		lying cous	e lost.	(c)												
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	FICA	190. DATE OF	OPERATION	196. COND	ITION FOR	WHICH OPERA	ATION W	AS PERFORME	ED?					20	AUTOPSY:	
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1.6	REGISTRAR DECEASED NAME FIRST	MEDICA	L EXAMINER'S	CERTIFICATE OF DE	INCO. IT	
	YPE OR PRINT) Riche		1 101	4N3011	20. DATE KNOWN OF ESTI- DEATH MATED	8.23 1983 2b. HOU
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10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	E STREET ADDRESS)	FO	SUAL OCCUPATION (TYPE	OF WORK 176. KIND OF BUSINESS OR INDUSTRY
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130.	JAL RESIDENCE (IF IN NURSING HOME OF STATE 13b. COUN	13c C	ITY OR TOWN	13d INSIDE CITY LIMITS? 13e. ST	TREET ADDRESS	
_	aryland FATHER'S NAME	HOW JE	essup			illord Road
	Richard	MIDDLE	hnson	15. MOTHER'S MAIDEN NAMER FIRST	WIDDLE	Page
160.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. S	OCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
1	(YES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 2:	15-09-3759	Hallie D.Ol	llie 820 S	o.Caton Avenue
=	18. CAUSE OF DEATH (Enter an	lly ane cause per line far (a),		1	, 1	APPROXIMATE INTERVAL BETWEFN ONSET AND DEATH
	PART I DEATH WAS CAUSE	D BY: TE CAUSE (a) Ar Fe	rosclerote	Car der Vascu	ulan Ulsea	34
	7272	DUE TO, OR AS A C	ONSEQUENCE OF			
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	cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A C	DNSEQUENCE OF			
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Z		CONTRIBUTION TO CENTER BUT NOT I	LENTED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART 1 (8).		
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATION V	WAS PERFORMED?		20. AUTOPSY?
TIFIC						YES NO
		21b. TIME OF INJURY HOUR A.M. MON		OW INJURY OCCURRED (ENTE	R NATURE OF INJURY IN ITEM 18 F	PART 1 OR PART 2)
MEDICAL	CONTRIBUTING CAUSE OF		19			
MED		21e. PLACE OF INJU STREET, FACTORY, FARI		STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK					
	220. I certify that I taok charg	at 1		psy , Inspection .	Inquiry and	d in my apinian
	death resulted fram: Natu	ral causes Accide	nt L., Suicide L.		etermined manner,	
	ACTUAL ALTON	2041	t.	Demike		DATE 8-23-82
	SIGNATURE COUNTRA	- 11		A.D. JAG ME	DICAL EXAMINER	SIGNED
d	EXAMINER'S NAME I ho	mas F. H	erhert, MD	ADDRESS ELLICO	It City 1	12 21043
23a.	BURIAL, CREMATION, REMOVAL (23b. DATE 23	C. NAME OF CEMETERY	OR CREMATORY 23d. I	LOCATION TY OR TOWN	COUNTY STATE
	BURTAL	8/27/82	Arbutus Me	em. pk. Ar	butus	a Court.
	FUNERAL DIRECTOR	ADDRESS		AUG 2	BY REGHETRAR 236 REGS	STRAR'S BIGNATURE
	Wm. C. March	F/H 1101 E.	North Av	enue Roo a		

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URSING HOME OR OTHER INSTITUTION

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FOR STATE REGISTRAR	DEPARTN	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 2 2	1 3	6 5		
EASED NAME FIRST DR PRINT)	MIDDLE	LAST	2a. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR		
Charles	Kolankowski		8-7-82		M		
	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
Male	Cauc.	9 -26- 11	70 yrs.	MONTHS DAYS	HOURS MIN.		
THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
enna.	U.S.A.	WIDOWED DIVORCED	Howard	MD.			
ott City	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A 3052 Hickory N	G HOME OR OTHER INSTITUTION ADDRESS) LEGE Court	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Retired		F BUSINESS OR		

USUAL RESIDENCE 130. STATE Maryland Howard 3378 Chatham Road Apt B 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME and 2 MIDDLE LAST MIDDLE LAST Golan late late CAtherine medicol WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 160. 66 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs Vera Kolankowski 3378 Chatham RD 21043 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF otte cremotion Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. 0 a ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? per NOF YES NOF certificote Mento! Hygi 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 19 5 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN STATE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from TO FUNERAL DIRECTOR: should be detoched for us with the Stote Dept. of He sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE * ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN IMPORTANT: 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS Johns Lane Barbu Calin 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial CITY OR TOWN 1982 Crestlawn Howard, Maryland Aug 10, BP 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR DHMH - 16 50M 1/81 Harry H Witzke 4112 Columbia Rd. Ellicott Cty (VRA 15, 4)

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. 355	S S S S S S S S S S S S S S S S S S S	3. SEX	10M	TH DAY YEAR L	GE (IN YEARS IF U	NDER 1 YR. IF UNDER 24 HR	S. 2c. DATE	MONTH	DAY	YEAR	24 HOUR 5:55 a, M
- ARY, PLEAS DIRECTOR	50.1	Fe	MALE White A	eril 21 1935 .	17 YRS.		PRONOUNCED DEAD	U		1982	a. M
ESS	至3	7a. BI FO	REIGNICOLINITAYI A A	TIZEN OF WHAT COUNTRY	8. MARI	RIED ANEVER MARRIED	9. BALTIMORE	CITY OR COU	NTY OF E	DEATH	
医	版と		J.C. I BETH CANTING	U.S.A.	WIDO			rd Coun			MD.
× ±	SHS//	10. C	PRRIETTS VILLE	AME OF HOSPITAL, NURSIN	G HOME, OR OT ADDRESS)	HER INSTITUTION 120 U	SUAL OCCUPATION PROPERTY OF WORKING	ON (TYPE OF WORK	112b. KII	ND OF BU INDUSTR	SINESS RY
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201 201 201 201 201	N O O O	III S		HISTITUTION, GIVE RESIDENCE BEFOR	OWN	13d. INSIDE CITY LIMITS? 13e. S	TREET ADDRESS	. 4		1	
A A A	2 PH (more BALT	more	YES NO 3	('APE	le C	DUR	t	
MD TH.	PA A S	14. FA	THER'S NAME FIRŞT MIDD	LE LAST		15 MOTHER'S MAIDEN NA	WE WIDDLE	0		LAST	
DEATH.	3/30		Lekoy	Willis		FANDIE			ERS		
BALTIMORE, MD. 2120 S AFTER DEATH. IF ANY GOIVE PAGES 1, 2, AND	PAGES LANDS	16a, V	AS DECEASED IVER IN U.S. ARMED FI S. NO, OR UNKNOWN (IF YES, GIVE WAR OR	DRCES? 16b. SOCIAL	SECURITY NO.	17. INFORMANT	i. Al	DDRESS	M	1 1	IAAA
SAF	PAGES 1 DIVISION		No I			HARRY LUT	3 15	A/10.	11/0	· 0/1	237
, III	2 . 0	7	18. CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:			. 0	0			PPROXIMATE VEEN ONSET	AND DEATH
DN:	PERMIT.		8151 IMMEDIATE CAL	JOE (0)	e Injur	ies				THE	
EST	MON		Conditions, if ony, which	DUE TO, OR AS A CONSEQ	UENCE OF						
A LINE	RAL		gove rise to immediate	(b).					-		
W 16	8 - Z 0		couse (o) stoting the <u>under-</u> lying couse lost.	DUE TO, OR AS A CONSEQ	UENCE OF						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD. PENDING" IN PENDIL IN 1EM 18,	T S S S S S S S S S S S S S S S S S S S		BASI 2 GIUGA CICNICICANY CANALYIANG CANAL	(c)							
D NO	E E E E	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	DING TO DEATH BUT NOT RELATED I) THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART 1 (a).					
ECC.	SEAS -	TIO	19a. DATE OF OPERATION	TION CONDITION FOR WHI	TH OPERATION V	WAS PERFORMEN?			Ion A	HITOPSV2	
IA Boul	A P SEE	FICA	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH ? P.M. 8 16 19 82 216. INJURY OCCURRED 216. PLACE OF INJURY (ATHOME. 216. INJURY OCCURRED WHILE NOT WHILE STREET. FACTORY, FARM, ETC.) 217. EXTERNAL CAUSE WAS 218. TIME OF INJURY (ATHOME. 218. TREET, FACTORY, FARM, ETC.) 218. TREET CITY OR TOWN					20 AUTOPSY?			
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N O I	E SE	N C	UNDERLYING XX OR	HOUR A.M. MONTH DA		assenger in au				icio	n
SIO NG 1	SHORE	DIC.	CONTRIBUTING CAUSE OF DEATH			OCATION	10/ / Tked	object	0011	1310	11
S C S C S C S C S C S C S C S C S C S C	SE DE	ME	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.)	11-	STREET - Dal 114	CITY OR TOWN	- f D4	OO	11	STATE
Ĭ.	SA E E		AT WORK AT WORK	Road	[He	nryton Rd. 1/2	miles N.	VIII.	99, Hov	11 and	Co
S S S	28 H 2		22a. I certify that I took charge of th	-		psy X, Inspection	Inquiry L	ville,	pinion	varu	Md.
THE STATE OF THE S	R DE SO	M	death resulted from Natural col	Accident X	, Suicide _		determined monner	L.			
3 8	A V D	10	ACTUAL THE	inan		TITLE (SPECIFY)		DATI		16	02
32	A A A A	0	SIGNATURE			M.D. <u>Assistant</u> M	EDICAL EXAMINER	SIGN	VED	3-16-	02
AED.	N N N N N N N N N N N N N N N N N N N	P	EXAMINER'S NAME Horme	z R. Guard, M.	D.	111-	Penn Stre	eet			
2 X 2	TO THE MEAN THE STANDARDED TO THE CHIEF MEDICAL EXAMINER ALLONG Y TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, I BAFTIMORE, MARTHAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	230 B	(TYPE OR PRINT) TO THE		E OF CEMETERY	_ADDRESS	LOCATION				
		(5		20-82 FIN	DAD to	Mardian	Link oli	10 /0	1/4/15	- 11	ml
MMOO BP_		24_F	JNERAL DIRECTOR	1 1001	1	250 DATE REC'D.	BY REGISTRAR 2	GISTRAF'S	MONA	LIRE O	1
	MH - 17 15 ME (5))	7	Jan -11 Hours	ADDRESS	1. 7	AUG 1	1982	John	ju la	muy	-
	M 4/B2		TURNY LANGER	- XIVILLIUM	M. I'	CAL!					

BP. DHMH-16 50M 7/77 (VR A 15 (4))

MPORTANT: If Item 21 is marked at Item 18 shaws any injury, at ather traumatic event, the medical examiner must be rathed at any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	1-	FOR STATE REGISTRAR	DI		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	21:	3 6 /
		CEASED NAME FIRST	MIDDLE	- t	AST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
2	(TYPE	ORPRINT) MOLLY	M	0'	BRIEN	8	27 82	- 8 15 A
Ų,	3. SEX	· ·	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	(HDAY) IF UNDER 1 YE	
		F	CAUC	12	13 06	76	YRS.	15 HOURS MIN.
>,		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
6		WISC.	USA	WIDOWE		10	WARD	MD.
6		OWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GIV	VE STREET ADDRESS)	sing Home	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Housewife	F WORKING LIFE) INDUST	D OF BUSINESS OR RY OMESTIC
5	USUA 130. S Ma	AL RESIDENCE (IF NURSING HOME OF ITATE 13b. COURT HOLE)	NOTHER INSTITUTION, GIVE RESIDEN NOTY Vard	CE BEFORE ADMISSION) OR TOWN UM DIA	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	334 Cedar	Lane
2.	14 FA	THER'S NAME	MIDDLE LA	AST	15. MOTHER'S MAIDEN NA.	ME		LAST
0		Joseph	R. Will	erth	Wilhelmin	a		merer
3		VAS DECEASED EVER IN U.S. AR		AL SECURITY NO.	17 INFORMANT	ADDRE	SSColumbia,	Id. 21044
	(7	(IF YES, GIV	E WAR OR DATES) 3(65-	32:3620	Robert E. O'		1 Misty Arc	ch Run
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A COM (b) DUE TO, OR AS A COM (c)	NSEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON		OXMATE INTERVAL EN ONSET AND DEATH
	NOI	O pan	NINSONI	Deslor	e O INA	ction tb	-	
2	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL		TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART :	2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
			ital) attended the deceased		nd that is (my) (aur) apinion	, ta6/2 death accurred an the do		
		22b. SIGNATURE	ear, n	2	ATTENDING PHYSICIAN	MEDICAL STAI	FF _ O	LY ATE SIGNED
1		22d. PHYSICIAN'S NAME (TYPE O	SEALL.	C M	1106 T	rath p	atural (or my
	{:	BURIAL, CREMATION, REMOVAL SPECIFY)BURIAL	23b. DATE 8-30-82		emetery or crematory ery Cemetery	Flint	Genesee	Michigan
		uneral director	Service 19	eistersto		e rec'd. by registrar 6 30 1982	256 PEGISTRAR'S SIGN	ATURE
	LICY	rantto renerat	DET ATCC III	OTTO COT DO	1111	0 00 1004	10 unx	July 1

A THE R. LEWIS CO., CO., LANSING, MICH. STATE OF THE PARTY and the second of the second o nutsieniti attilit un dessol CHOCK AND RECORDED NO. AND STATE OF THE CONTRACT OF THE COST MANY AND AND the commence of the second of the comment of A PARTY AND THE PROPERTY OF THE PARTY OF THE Status in the Orlean County County County Calles | Garage A second of the color of the colorest of the c STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN®

item 8 #G570 8/24/82 ph

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FOR - STATE

I. DECEASED NAME

REGISTRAR

3221 Woodstream Lane 21043 Winch Same as # APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20Ry5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6 20h, IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO I YES | 21c. HOW INJURY OCCURRED. JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21. COUNTY STATE A46-31 10 82 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 23g. BURIAL CREMATION, REMOVAL 23h. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) CITY OR TOWN Md. Ellicott City St. John's Cemetery BP 9/4/82 Burial 24 FUNERAL DIRECTOR Witzke P.A. ISTRAR 256. FEBISTRAR'S SIGNATION DHMH - 16 25M ADDRESS (VR A 15 (4)) 9/74 1630 Edmondson Avenue. Catonsville, Md. 21228

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2b. HOUR

HOURS

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IF UNDER 24 HRS

IF UNDER I YEAR

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DAYS

26 DATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	2	2	1	3	7	0
CERTIFICATE OF DEATH	DEC NO					

1.	REGISTRAR				REG. N			
	PE OR PRINTI	FIRST	WIDDLE	LAST	20. DATE OF DEATH		DAY YEAR	26 HOUR
	Mauri	Lce Ea	arl	Rooney, Sr.	Aug. 25,	1982		F 45.5
3 SE		4. RACE		5. DATE OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY)	MONINS DAYS	IF UNDER 24
	male	whit	e	00t. 21 DA 1931 YEAR	50	YRS	MONTHS DATS	HOURS
	SIRTHPLACE (STATE OR FORE	EIGN 76 CITIZEN O	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED 1		9 BALTIMORE CITY		Y OF DEATH	
	Maryland	U.S	5.A.	WIDOWED DIVORCED	_	ounter.		
10. C	ITY OR TOWN OF DEATH		F HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	Howard County 120 USUAL OCCUPATION 126 KIND OF BUSINES (17PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			
Columbia		Howard	l County G	en. Hosp.	shipping	P WORKING EII	P&G	
USU.	JAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	ON GIVE RESIDENCE BEFORE	E ADMISSION) VN 13d INSIDE CITY LIMITS?	112. CIBEET ADDRESS			
		loward	Elkridge	YES NO X	13e STREET ADDRESS 8268 Lar	k Bro	wn Road	60 FB
14. FA	ATHER'S NAME		110	15 MOTHER'S MAIDEN				
D	Joseph	Earl	Roonev	Roberta	Bernice		Curry	ST.
	WAS DECEASED EVER IN	U.S. ARMED FORCES	Al .				own Roa	d
- (15 YES GIVE WAR OR DATES]	218 28 6	698 Ella Mae Ro	oney Elkridg			
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	18 CAUSE OF DEATH	CAUSED BY:	Ventri	cular Fibrill	STin			NHTE
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	SPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after de
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10	1.	FOR STATE		DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG	IENE 8 2	2 1	3 7 1
		REGISTRAR EASED NAME FIRST OR PRINT)	1	MIDDLE		AST OF DEATH	REG. N 20 DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
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7	I SEX	M	4 RACE	- 1	S. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF U	INDER I YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.
35	BIF	THPLACE (STATE OR FOREIGN INTRY)	76 CITIZEN OF	S.A.	TRY? 8. MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY O		DEATH
81		olumbia	(IF NOT IN SU	CH FACILITY, GIVE S		GENCRAL	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Inspector	ON F WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
-7/	13a S	L RESIDENCE (IF NURSING HO TATE 13h C Yland Ho			BFFORE ADMISSION)	138. INSIDE CITY LIMITS?	13079 Landi	ng Road	Balto 21227
c. 1 4.		THER'S NAME Se George Rus	MIDDLE	LAST		15. MOTHER'S MAIDEN NA/ late Este	ME		LAST
medical	6a %	AS DECEASED EVER IN U.S.	S. ARMED FORCES?	213 1 ¹	SECURITY NO. + 2964	17 INFORMANT Mrs Margaret	Rush 5079		g Road 21227
t, the		18 CAUSE OF DEATH (Ent	er anly ane cause pe	r line for (a), (b	o), and (c)				APPROXIMATE INTERVAL BETWEEN ONSFT AND DEATH
even		PART I. DEATH WAS CA	DIATE CAUSE (a)	ventri	cular ar	rhythmia			1 hour
natic	93	9212		R AS A CONS					
ran		Conditions, if any, whice gove rise to immediate	h (b)_	ischem	nic myoc	ardopathy			years
ather		cause (a), stating the	DUE TO, C	R AS A CONS					
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aws any in	CERTIFICATION	190 DATE OF OPERATION	196. CONE	ITION FOR WI	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?		ERE FINDINGS USED G CAUSES OF DEATH? NO []
em 18 sh		21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O	DE DEATH HOUR A		DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1	ORPART 2)
xed or i	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OF		211. LOCATION STREET	CITY OR TOV	4N	COUNTY STATE
21 is mai		22a.l certify that (1) (this I sow the deceased ali- above (1) we) (did) (d	hospital) attended to	ne deceased fr	om <u>Ma</u>	d that in (my) (our) opinion o	, to death accurred on the de	19_ ote and hour an	d from the couses stoted
VT: If them	H	Mille	in o	arres			MEDICAL STAI	FF IAN []	221. DATE SIGNED 8-6-82
MPORTANT		William Parr	nes.M.D.			11085 Little P		wy, Col	umbia, Md.
IMPORTA	23a B	URIAL, CREMATION, REMO PECIFY) ITIAL	OVAL 23b. DATE	,1982	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	Howard	, Maryland
		NERAL DIRECTOR TYPH Witzke	4112 Colu	mbia R	i Ellico		E REC'D. BY REGISTRAR	Sales	2 Court

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		CHILD

DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME OF ESTI-DEATH MATED MONTH 2h HOUR (TYPE OR PRINT) Christine Kellinxxxx Scott 16 1982 4 RACE 6. AGE (IN YEARS | IF UNDER TYR. DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED female white Aug. 14.1965 6 YRS Za. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED Wash. D.C. Howard County U.S.A. DIVORCED WIDOWED 2, AND 3 TO THE TUN 3. RETAIN PAGE 5 H SHOULD BE FILED AL RECORDS, 201 W 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Howard County General Hospital Columbia student none USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Columbia Howard Nightmist Court (21044) NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 8. GIVE PAGES 1, X WITH FORM PM (IT. PAGES 1 AND 2 DIVISION OF VITA MIDDLE MIDDLE Scott Patricia Norman Nelson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 10323 ARTENtmist Court 21284 6372 Patricia Scott Columbia, Maryland 21044 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH AND MENTAL HYGIENE, ATION, OR REMOVAL. Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YESXX NO [] 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 93 0 HOUR A.M. MONTH DAY 1982 driver in auto/fixed object collision CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211 LOCATION AT WORK NOT WHILE TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PACE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE 0: BALLIMORE, MARYLAND, 2:201 P STREET, FACTORY, FARM, ETC.) road Cedar Lane near Owen Brown Rd. Howard Co. Md. Autapsy X 220. I certify that I took charge of the remains described above, held an Accident XX death resulted frama Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant DATE 8-16-82 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. III Penn Street 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 8/19/82 Burial St. Johns Cem. Ellicott City, Howard, Maryland BP. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** BLACK Funeral Home, Ellicott City, Maryland 21043 AUG 1 (VR A15 ME (5))

STATE OF MARYLAND

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STATE OF MARYLAND

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be the state Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

1 (18)	CEASED NAME E OR PRINT)	ladys	WIDDLE	Smith	AST	August	_		26 HOUR
3 SE		4. RAC			OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY) IF	UNDER TYPAR	IF UNDER 24)
	Female		Vhite -		ber 23, 1914	- 67	YRS	JATES DATS	HOURS A
S	IRTHPLACE (STATE ORFO) COUNTRY) Dakota	ec 29	U.S.A.	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY		OF DEATH	
C	olumbia	70	NAME OF HOSPITAL, NURŠIN IF NOT IN SUCH FACILITY, GIVE STREET DEO Cradle Roc	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST - HOUSEW)		12b. KIND O INDUSTRY	F BUSINESS
Ma		Sh COUNTY. Howard	INSTITUTION, GIVE RESIDENCE BEFORE 12. CITY OR TOW COLUMBIA		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 7080 Crad	Le Rock	Way	•
_	ather's NAME FIRST	MIDDLE	McGrady		15. MOTHER'S MAIDEN NA late Ger	trude MIDDLE		LAS	Т
	WAS DECEASED EVER IN YES NO OR UNKNOWN)	U.S. ARMED FO (IF YES, GIVE WAR C		JRITY NO.	Gary Smith	7946 Helma:			0707 Md
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Harry H Witzke 4112 Columbia Road Ellicott City AUG 1 7 982

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	ISTRAR	MEDICAL EXAMINE	R'S CERTIFICATE OF	DEATH REG. NO.	4101	5
TYPE OR P	LL IKYIN	7 THEODO	RE SNEL	20. DATE KNOWN OF ESTI-	M 8 82	7b. HOUR
3. SEX	1 Black A	TE OF BIRTH ATH DAY YEAR ATH THE DAY YEAR TIZEN OF WHAT COUNTRY?	IF UNDER 1 YR. IF UNDER 24 MONTHS DAYS HOURS M	PRONOUNCED DEAD	MONTH DAY YEAR	2d HOUR
FOREIGN	COUNTRY) MD	U.SA.	MARRIED NEVER MARRIED WIDOWED DIVORCED	- HOWAK	RD	MD.
9 1	Aurel "	AME OF HOSPITAL, NURSING HOME,	5 Road	O. USUAL OCCUPATION (TYPE OF FOR COST OF WORKING LIFE)	PRIND OF BUSTRIAND OF BUSTRIANDUSTRIAN	rack
USUAL RES 13a. STATE	MD HOW	INSTITUTION, GIVE RESIDENCE BY ORE ADMISSION AND 13c. CITY OR TOWN LAUREL	13d. INSIDE CITY LIMITS? 13	e. STREET ADDRESS 841	Stephens	s Rd.
0	R'S NAME CLIFTON	1 SNell	15. MOTHER'S MAIDEN	Ary CArt	ter LAST	
160. WAS I	DECEASED EVER IN U.S. ARMED FO D. OR UİKNOWN) (16 YES, GIVE WAR OR I		12/2 Jane C	Ollins - 8560	Storch wa	cod .
18.	CAUSE OF DEATH (Enter only one of PART I DEATH WAS CAUSED BY:	A S.	C. V.()		APPROXIMATE I BETWEEN ONSET	NTERVAL AND DEATH
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF				
	gove rise to immediate couse (a) stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	F			
	2 OTHER SIGNIFICANT CONDITIONS CONTRIBU	(c) Uting to death but not related to the termin	AL DISEASE OR CONDITION GIVEN IN PART I	(o).		
CERTIFICATION 180°	DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED?	EFARE IS	20. AUTOPSY?	NO 🗆
AI CERT	EXTERNAL CAUSE WAS DERLYING OR NTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 PAR		NO
Q 21d	INJURY OCCURRED HILE NOT WHILE WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET -	CITY OR TOWN	COUNTY	STATE
do	22a. I certify that I taak charge of the			Inquiry , ond i	in my opinian	
ACT SIG	TUAL Baren	a Collei	TITLE (SPECIFY) M.D. AMPLACAT	MEDICAL EXAMINED	DATE SIGNED	82
7 EXA	MINER'S NAME BARR	a CALI	N ADDRESS 345	9 St. Job	Ru'n Lee	ene
230.BURIA (SPECIFIE	Burial 8-	13-82 Harmon	ETERY OR CREMATORY DY Lane Con	23d LOCATION CITY OF TOWN	HOWART STA	md.
5)) 24 FUNER	RAL DIRECTOR COOK	1 ADDRES 246, N. W	05h . 57. 250. DATE REC	CD. BY REGISTRAR 256 REGIST	RAR'S SIGN THUS LEL	1

STATE OF MARYLAND

PART CARTE ottending physicion and completely filled in by the corbonpapers. Pages I and 2 should be filled

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical exam

should be detached for use as the burial-transit permit. Then please remove carbandaper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

O FUNERAL DIRECTOR: After this certificate has been

STATE OF MARYLAND

FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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25		CEASED NAME	FIRST	MIDDLI		LAST		20 DATE OF DEATH	H MONTH	DAY YEAR	26 HOUR	
	(1111)	E OR PRINT)	Homer	Hammor	nd	Web	b	August	17.	1982	10%	
	3. SE	X		4. RACE		DATE OF E		6. AGE (IN YEARS LAS		IF UNDER I YEAR	IF UNDER 24 HR	
	. ,	male		white	I	MONTH	30.1905	76	YRS	MONTHS DAYS	HOURS MIN	
1	70. B	IRTHPLACE (STATE C	OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CIT		TY OF DEATH	DEATH MANUAL PROPERTY AND CALFOODS LAST CVF ogel	
5		Maryland		U.S.A.	, w	IDOWED [Howard	Count	v		
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	(Columbia			County		al Hosp.	Foreman	131 OF WORKING		Foods	
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2	Ma	ryland	Howa		licott C		ES NO Ex	2818 Roge		9.		
2	14. FA	ATHER'S NAME		WIDDLE	LAST	15	. MOTHER'S MAIDEN NAM	ME				
0		Thomas			lebb	-	Ida	MIDDE	E.	Frvfoe	el	
		VAS DECEASED EVE		MED FORCES? 166.	SOCIAL SECURITY	/ NO. 17	. INFORMANT	2818 1	ogers .		V.5	
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		PART I. DEATH		TE CAUSE (o)	ocul	Car	2 There	esse.		Du	delel	
		250	0		ACONSEQUENCI	FOF .	1			4		
		Conditions, if or	y, which	((b)	illes	scl	wale (usles 1	000 19	32ch 100	ha	
		gove rise to in		(0)								
		underlying cou		DUE TO, OR AS	A CONSEQUENCE	EOF	Omliel:	hellet				
		PART 2. OTHER SIG	GNIEICANT	CONDITIONS CONTE	BUTING TO DEAT	TH BUT NO	OT RELATED TO THE TERM	INIAI DISEASE OF C	ONDITION C	IVENI INI DADT 1		
	NO				NOTING TO BEX	111	, KELATED TO THE TERM	IN AL DISEASE OR CI	SIADITION	IVEN IN PART 110		
ja i	AT	190 DATE OF OPER	ATION	196 CONDITION	FOR WHICH OPE	RATION V	VAS PERFORMED	200 AUTOPSY?	20b. IF Y	ES, WERE FINDIN	NGS USED	
1	CERTIFICATION							YES T NOT	-	IFYING CAUSES	OF DEATH?	
3	CER	21a. ACCIDENT WAS U				2	Ic. HOW INJURY OCCURR	hand hand			140 📋	
1	-	OR CONTRIBUTING		NIN .	MONTH DAY	YEAR						
	MEDICAL	21d INJURY OCCU		P.M.	ULIRY	19	II. LOCATION					
	ME	WHILE NOT WHILE THE STREET, FACTORY, OFFICE,					STREET	CITY O	RIOWN	COUNTY	STATE	
		AT WORK AT W		tol) attended the dea		7/7	10 79	57	7	10 V2		
	н	sow the dece		10/3/	19 7/2	and t	hot in (my) (our) opinion o	death accurred on the	e date and h		that (I) (we) la	
Н		obove, (I) (we) 22b. SIGNATURE	(did) (did no	t) view the body ofter	deoth.		GREE		e dote ond no			
- 1		120. SIGNATORE	1	63		»	ATTENDING	MEDICAL S	TAFF	22c. DATE	SIGNED	
\dashv		22d. PHYSICIAN'S	1000	Court	4 -9-	3~) PHYSICIAN	DIRECTOR PHY		0/1	1/8	
1						1	re ADDRESS					
1				ff, Jr. M.I			5772 Westv	iew Mall				
	23a E	BURIAL, CREMATION	N, REMOVAL				ETERY OR CREMATORY	23d. LOCATION	4	COUNTY	STATE	
	_	burial		8/20/82	Mt. V	iew C	em.	Marriott	tsville	, Howard	, Maryla	
		JNERAL DIRECTOR			ADDRESS		250 DAT	REC'D BY REGISTR	AR 251 GI	STRAR'S SIGNA	URE	
	SL	ACK Funer	al Hom	e,Ellicott	City, Ma	ryla	nd 21043 AU	5 1 9 1902	100	more la	mey	

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		CEASED NAME FINE OR PRINTS James	IRST.	M	Zimmerma	iast in	20. DATE OF DEATH M	31 1	.982	26 HOUR
	3. SE	X M	4 R	RACE W	5. DATI	E OF BIRTH	6 AGE (IN YEARS LAST BIRTH	IF U	INDER I YEAR	IF UNDER 2
31		IRTHPLACE (STATE OR FOREIG	IGN 7b.	CITIZEN OF WHAT CO	UNTRY? 8	RIED NEVER MARRIED	9 BALTIMORE CITY OR Howard	COUNTY OF	DEATH	
20		licott City	11.	NAME OF HOSPITAL,	NURSING HOM	E OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF W Machine Ope		ISE. KIND O	F BUSINES
335	13a. Md	AL RESIDENCE (IF NURSING H STATE 13b	COUNTY	13r CITY	OR TOWN	113d INSIDE CITY LIMITS?	134 STREET ADDRESS 5026 Avoca	Ave		3,5
3C		John	MIDD	Zimmerm	last an	Regina Regina	ME MIDDLE		LAS	ı
medicol	16a Y	WAS DECEASED EVER IN U YES NO OR UNKNOWN) (IF	J.S. ARMED FYES GIVE WA Korea		26 4443	Mrs Lorretta	Moxley 4830		n Dr	
umoti		Conditions if now wh	nich (DUE TO, OR AS A CO	INSEQUENCE OF	to Disease	HEALT.		1	YP
injury, or other troumoti	NO	underlying couse la	ote the ost	DUE TO, OR AS A CO	netastai insequence of alon Ca	tu Disease uinoma UT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDI	TION GIVEN	3 IN PART 110	YR
ony injury, or	TIFICATION	gove rise to immedia couse (0), stating underlying couse lo	ote the ost CANT CON	DUE TO, OR AS A CO	INSEQUENCE OF ALON CO ING TO DEATH BI	renona	20a AUTOPSY?	TION GIVEN 20b. IF YES, W IN CERTIFYIN YES	ERE FINDIN	IGS USED
Item 18 shows ony injury, or	ICAL CERTIFICATION	gove rise to immedia couse (o), storing underlying couse le PART 2 OTHER SIGNIFIC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE)	CANT CON	(b) DUE TO, OR AS A CO (c) ON TRIBUTIONS CONTRIBUTIONS CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M.	INSEQUENCE OF ALM CONTROL OF THE PROPERTY OF T	UT NOT RELATED TO THE TERM ION WAS PERFORMED 21c. HOW INJURY OCCURI	20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	IGS USED OF DEATH
or Item 18 shows ony injury, or	MEDICAL CERTIFICATION	gove rise to immedia couse (o), stoting underlying couse le PART 2 OTHER SIGNIFIC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIOR CONTRIBUTING CAUSE	CANT CON	(b) DUE TO, OR AS A CO (c) IDITIONS CONTRIBUTIONS CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON	ITH DAY YEA	UT NOT RELATED TO THE TERM ION WAS PERFORMED 21c. HOW INJURY OCCURI	20a AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN YES IN ITEM 18 PART 1	ERE FINDING CAUSES	IGS USED OF DEATH NO
Item 18 shows ony injury, or		gove rise to immedia couse (o), stoting underlying couse le PART 2 OTHER SIGNIFIC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL E) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (1) this sow the decased of obove, (1) well find.	OST CON CONTROL CONTRO	DUE TO, OR AS A CO (c) DITIONS CONTRIBUTION FOR TIB. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY) ottended the decease	INSEQUENCE OF ALL OF THE STATE	UT NOT RELATED TO THE TERM ION WAS PERFORMED 21c. HOW INJURY OCCUR!	200 AUTOPSY? YES NO CITY OR TOWN	20b. IF YES, WIN CERTIFYIN YES TIN ITEM 18 PART I	COUNTY	IGS USED OF DEATH NO
II: If them 21 is morked or Item 18 shows ony injury, or		gove rise to immedia couse (o), stoting underlying couse le PART 2 OTHER SIGNIFIC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE) 21d. INJURY OCCURRED WHILE AT WORK NOTIFY MEDICALE) 22a. Lertify that (1) this saw the decaysed of obove, (1) well (find) 22b. SIGNATURE	CANT CON ING E OF DEATH XAMINER) Is hospital)	DUE TO, OR AS A CO (c) DITIONS CONTRIBUTIONS CONTRIBUTIONS CONDITION FOR 19b CONDITION FOR 19b CONDITION FOR 10b CONDITION FOR 10c PLACE OF INJURY 11c	INSEQUENCE OF ALL OF THE STATE	UT NOT RELATED TO THE TERM ION WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREE! Ond that in (Ty) (our) opinion DEGREE ATTENDING PHYSICIAN E	200 AUTOPSY? YES NO CITY OR TOWN	20b. IF YES, WIN CERTIFYIN YES IN ITEM 18 PART I	COUNTY	IGS USED OF DEATH NO STA
Item 21 is marked or Item 18 shows any injury, or		gove rise to immedia couse (o), stoting underlying couse le PART 2 OTHER SIGNIFIC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL E) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (1) this sow the decased of obove, (1) well find.	CANT CON ING E OF DEATH XAMINER) In the control of the control	DUE TO, OR AS A CO (c) DITIONS CONTRIBUTIONS CONTRIBUTIONS CONDITION FOR 19b CONDITION FOR 19b CONDITION FOR 10b CONDITION FOR 10c PLACE OF INJURY 11c	INSEQUENCE OF ALL OF THE STATE	UT NOT RELATED TO THE TERM ION WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET ond that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CITY OR TOWN deoth occurred on the dote	20b. IF YES, WIN CERTIFYIN YES IN ITEM 18 PART I	COUNTY	IGS USED OF DEATH NO STA

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